

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012129

STATE FILE NUMBER

FILED MAR 26 1959		Registration District No. 372		Primary Registration District No. 6263		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FINLEY TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN STRAFFORD RT. 3		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK CONKLING				4. DATE OF DEATH Month Day Year 3-15-59			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH SEPT. 3, 1886 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) DOUGLAS Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ALEXANDER CONKLIN				14. MOTHER'S MAIDEN NAME SARAH SNIDER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO.		17. INFORMANT CHARLES CONKLING REPUBLIC, MO. #2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) CRUSHED CHEST DUE TO (c) FRACTURE OF RIGHT + LEFT FEMUR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PEDESTRIAN ON HY 60 HIT BY CAR 1 MI EAST OF SEYMOUR 112					
20c. TIME OF INJURY Hour a.m. 1205 Month, Day, Year 3-15-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HY 60 1 MI EAST SEYMOUR					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION WEBSTER MO		20g. COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at ABOUT 1205 PM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Oral Edward Carone 3				22b. ADDRESS Marshfield Mo		22c. DATE SIGNED 3/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-24-59		23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) GREENE Co. MISSOURI	
24. FUNERAL DIRECTOR Robert Bergman		ADDRESS Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 3-23-59		26. REGISTRAR'S SIGNATURE Gilbert Jones	

(Licensed Embalmer's Statement on Reverse Side)

MAJ 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Max L Miller*

Licensed Embalmer No. *47*

P. O. Address *Manassas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.